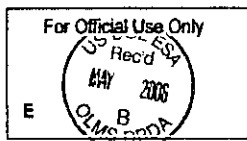


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2975</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>BRENDA</u> <u>A</u> <u>ROBERTS</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>16484 S ABILENE ST</u> City <u>CENTENNIAL</u> State <u>CO</u> ZIP Code + 4 <u>80111</u>	4. Name, file number, and address of labor organization. Name <u>COMMUNICATIONS WORKERS OF AMER LOCAL 7800</u> Labor Organization File Number <u>026392</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>2102 3RD AV</u> City <u>SEATTLE</u> State <u>WA</u> ZIP Code + 4 <u>98121</u>
5. Position in labor organization. <u>PRESIDENT CWA LOCAL 7800</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u>\$250,000</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Brenda A Roberts

On 5/20/2006
Date

303-792-3032
Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text" value="QUEST COMMUNICATIONS"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="1801 CALIFORNIA ST"/></p> <p>City <input type="text" value="DENVER"/></p> <p>State <input type="text" value="CO"/> ZIP Code + 4 <input type="text" value="80202"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; text-align: center; vertical-align: middle; font-size: 2em;"><i>See attached</i></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text" value="\$2452.00"/></p>

Part B

Name of Reporting Employer:					File Number E-	
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>

9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <u>Union Representative</u>	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name <u>Roberts</u> <u>Brenda</u> P.O. Box, Building and Room Number, if any Street <u>2122 3rd Avenue</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98121</u>		9.d. Name and address of firm or labor organization with whom employed or affiliated. Organization <u>Communication Workers of America, Local 7800</u> P.O. Box, Building and Room Number, if any Street <u>2122 3rd Avenue</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98121</u>	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <u>N/A</u>		10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)	
<u>2/8/05</u> <u>2/8-9/05</u> <u>2/8-9/05</u> <u>2/8/05</u> <u>2/9/05</u>	<u>428</u> <u>98</u> <u>99</u> <u>71</u> <u>66</u> <u>702</u>	<u>Travel to Local Presidents Meeting</u> <u>Hotel for Local Presidents Meeting</u> <u>Airport Transportation Local Presidents Meeting</u> <u>Snacks/Meals for Local Presidents Meeting</u> <u>Breakfast/Lunch for Local Presidents Meeting</u>	
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. <u>Qwest holds a Local Presidents Meeting to provide an opportunity for the Local Presidents to meet. Qwest executives learn about the state of the business and discuss any outstanding issues between the Union and the Company.</u> <u>Executive Work Council is a joint labor-management committee which meets to discuss movement of work in and out of the bargaining unit.</u>			

[illegible]